

GIC HEALTH PLANS



Commonwealth of Massachusetts
Group Insurance Commission

*Your
Benefits
Connection*

2010-2011



BENEFITS AT-A-GLANCE

Medicare
Retirees and Survivors

Benefits Effective July 1, 2010

Medicare and Your GIC Benefits

Medicare Guidelines

Medicare is a federal health insurance program for retirees age 65 or older and certain disabled people. Medicare Part A covers inpatient hospital care, some skilled nursing facility care and hospice care. Medicare Part B covers physician care, diagnostic x-rays and lab tests, and durable medical equipment.

When you or your spouse is age 65 or over, or if you or your spouse is disabled, visit your local Social Security Administration office to find out if you are eligible for free Medicare Part A coverage.

If you (the insured) continue working after age 65, you and/or your spouse should not enroll in Medicare Part B until you (the insured) retire. Due to federal law, different rules apply for same-sex spouses; see our website for details.



When you (the insured) retire:

- If you and/or your spouse is eligible for free Part A coverage, state law requires that you and/or your spouse must enroll in Medicare Part A and Part B in order to be covered by the GIC.
- You must join a Medicare plan sponsored by the GIC to continue health coverage. These plans provide comprehensive coverage for some services that Medicare does not cover. If both you and your spouse are Medicare eligible, both of you must enroll in the same Medicare plan.
- ***You must continue to pay your Medicare Part B premium.*** Failure to pay this premium will result in the loss of your GIC coverage.

Retiree and Spouse Coverage if Under and Over Age 65

If you (the retiree), your spouse or other covered dependent is younger than age 65, the person or people under age 65 will continue to be covered under a Non-Medicare plan until you and/or he/she becomes eligible for Medicare.

If this is the case, you must enroll in one of the pairs of plans listed below:

Health Plan Combination Choices – State retirees, municipal retirees, deferred retirees and former employees receiving continuation coverage

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Harvard Pilgrim Independence Plan	Harvard Pilgrim Medicare Enhance
Harvard Pilgrim Primary Choice Plan	Harvard Pilgrim Medicare Enhance
Health New England	Health New England MedPlus
Tufts Health Plan Navigator	Tufts Health Plan Medicare Complement
Tufts Health Plan Navigator	Tufts Health Plan Medicare Preferred
Tufts Health Plan Spirit	Tufts Health Plan Medicare Complement
Tufts Health Plan Spirit	Tufts Health Plan Medicare Preferred
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/Community Choice	UniCare State Indemnity Plan/Medicare Extension (OME)
UniCare State Indemnity Plan/PLUS	UniCare State Indemnity Plan/Medicare Extension (OME)

Health Plan Combination Choices – GIC Retired Municipal Teachers (RMTs who do not participate in the municipal health-only program) and Elderly Governmental Retirees (EGRs)

NON-MEDICARE PLAN	MEDICARE PLAN
Fallon Community Health Plan Direct Care	Fallon Senior Plan
Fallon Community Health Plan Select Care	Fallon Senior Plan
Health New England	Health New England MedPlus
UniCare State Indemnity Plan/Basic	UniCare State Indemnity Plan/Medicare Extension (OME)

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Annual Enrollment

Annual enrollment time is here, giving you the opportunity to review your options and select a new health plan.



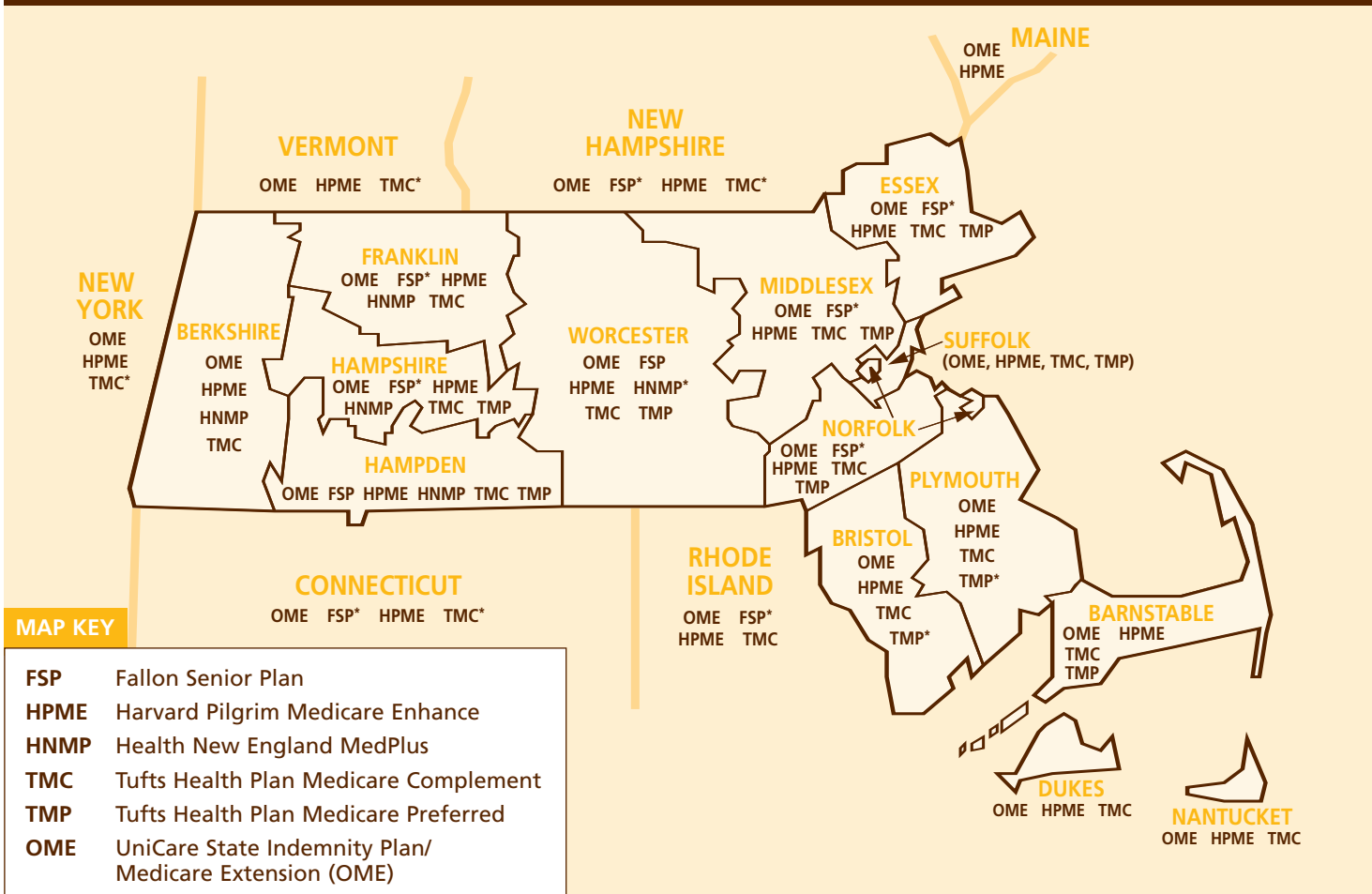
If you want to keep your current GIC health plan, you do not need to fill out any paperwork. Your coverage will continue automatically.

Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of your health plan's service area or become eligible for Medicare (in which case, you must switch plans).

Weigh Your Options

- Where you live determines which plan(s) you may enroll in. See the map below to see which health plans are available in your area.
- See your **GIC Benefit Decision Guide** for eligibility details, additional benefit information, rates, and factors to consider when choosing a health plan.
- Contact the health plans you are considering to find out:
 - Information on other health plan benefits that are not described in this brochure
 - If your doctors and hospitals are in the network
- See the GIC's website for additional information: www.mass.gov/gic

Where You Live Determines Which Plan You May Enroll In. Is the Medicare Health Plan Available Where You Live?



* The plan has a narrow network in this county or state; contact the plan to find out which doctors and hospitals participate in the plan.



The Harvard Pilgrim Medicare Enhance Plan is available throughout the United States. The UniCare Indemnity Plan/Medicare Extension is available throughout the United States and outside of the country.

Benefits-At-A-Glance: Medicare Plan Copays

This chart is an overview of the plan benefits. It is not a complete description. Benefits are subject to certain definitions, conditions, limitations and exclusions, as spelled out in the respective plan documents.

HEALTH PLAN	FALLON SENIOR PLAN	HARVARD PILGRIM MEDICARE ENHANCE
PLAN TYPE	HMO	INDEMNITY
TELEPHONE NUMBER	1.866.344.4442	1.800.542.1499
WEBSITE	www.fchp.org	www.harvardpilgrim.org
Preventive Care <i>Office visits according to health plan's schedule</i>	\$10 per visit	\$10 per visit
Physician Office Visit <i>(except mental health)</i>	\$10 per visit	\$10 per visit
Retail Clinic	\$10 per visit	\$10 per visit
Outpatient Mental Health Care and Substance Abuse Care	\$10 per visit	\$10 per visit
Inpatient Hospital Care	None	None
Hospice Care	None	None
Diagnostic Laboratory Tests and X-rays	None	None
Surgery <i>Inpatient & Outpatient</i>	None	None
Emergency Room Care <i>(includes out-of-area)</i>	\$50 per visit <i>(waived if admitted)</i>	\$50 per visit <i>(waived if admitted)</i>
Hearing Aids	First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period	
Prescription Drug Copays Retail: up to a 30-day supply Tier 1 Tier 2 Tier 3	\$10 \$25 \$50	\$10 \$25 \$50
Mail Order: Maintenance drugs up to a 90-day supply Tier 1 Tier 2 Tier 3	\$20 \$50 \$110	\$20 \$50 \$110

Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change effective January 1, 2025.

For more information about a specific plan's benefits or providers, call the plan or visit its website.

HEALTH NEW ENGLAND MEDPLUS	TUFTS HEALTH PLAN MEDICARE COMPLEMENT	TUFTS HEALTH PLAN MEDICARE PREFERRED	UNICARE STATE INDEMNITY PLAN MEDICARE EXTENSION (OME) with CIC (<i>Comprehensive</i>)
HMO	HMO	HMO	INDEMNITY
1.800.842.4464	1.888.333.0880	1.888.333.0880	1.800.442.9300
www.hne.com	www.tuftshealthplan.com	www.tuftshealthplan.com	www.unicarestatplan.com
\$10 per visit	\$10 per visit	\$10 per visit	\$5 per visit
\$10 per visit	\$10 per visit	\$10 per visit	None after \$35 calendar year deductible
\$10 per visit	\$10 per visit	\$10 per visit	None after \$35 calendar year deductible
\$10 per visit	\$10 per visit	\$10 per visit	First 4 visits: None Visits 5 and over: \$10 per visit
None	None	None	\$50 per admission (<i>maximum one copay per person per calendar year quarter</i>)
None	None	None	None after \$35 calendar year deductible
None	None	None	None
None	None	None	None within MA; call the plan for out-of-state details.
\$50 per visit (<i>waived if admitted</i>)	\$50 per visit (<i>waived if admitted</i>)	\$50 per visit (<i>waived if admitted</i>)	\$25 per visit (<i>waived if admitted; calendar year deductible may apply</i>)
First \$500 covered at 100%; 80% coverage for the next \$1,500 per person, per two-year period			
\$10	\$10	\$10	\$10
\$25	\$25	\$25	\$25
\$50	\$50	\$50	\$50
\$20	\$20	\$20	\$20
\$50	\$50	\$50	\$50
\$110	\$110	\$110	\$110

Medicare and Your GIC Benefits

How to Calculate Your Rate

See Separate Rate Chart



Medicare Family

Find the "Retiree Pays Monthly" rate for the Medicare plan in which you are enrolling and double it for your monthly rate.

Retiree and Spouse Coverage if Under and Over Age 65

1. Find the "Retiree Pays Monthly" premium for the Medicare Plan in which the Medicare retiree or spouse will be enrolling.
2. Find the "Retiree Pays Monthly" individual coverage premium for the Non-Medicare Plan in which the Non-Medicare retiree or spouse will be enrolling.
3. Add the two premiums together; this is what you will pay monthly.

If you have one Medicare enrollee and two or more Non-Medicare enrollees, add the Medicare premium to the Non-Medicare family coverage premium to calculate your total monthly premium.

Helpful Reminders

- Call or visit your local Social Security office for more information about Medicare benefits.
- HMO Medicare plans require you to live in their service area. **See the map on the other side.**
- You may change GIC Medicare plans only during annual enrollment, unless you move out of your plan's service area. **Note:** Even if your doctor or hospital drops out of your Medicare HMO, you must stay in the HMO until the next annual enrollment.
- Benefits and rates of Fallon Senior Plan and Tufts Health Plan Medicare Preferred are subject to federal approval and may change January 1, 2011. These plans automatically include Medicare Part D prescription drug benefits. Contact the plans for additional details.

Fallon Senior Plan HMO

- Benefits and rates of Fallon Senior Plan are subject to federal approval and may change January 1, 2011. This plan automatically includes Medicare Part D prescription drug benefits.
- Primary Care Physician (PCP) and referrals required – yes
- Out-of-network benefits – no, except for emergency care

Harvard Pilgrim Medicare Enhance (Indemnity Plan)

- PCP and referrals required – no
- Out-of-network benefits – not applicable; Harvard Pilgrim Medicare Enhance is available throughout the U.S.

Health New England MedPlus HMO

- PCP required – yes; referrals to network specialists required – no
- Out-of-network benefits – no, except for emergency care

Tufts Health Plan Medicare Complement HMO

- PCP and referrals required – yes
- Out-of-network benefits – no, except for emergency care

Tufts Health Plan Medicare Preferred HMO

- Benefits and rates of Tufts Medicare Preferred are subject to federal approval and may change January 1, 2011. This plan automatically includes Medicare Part D prescription drug benefits.
- PCP and referrals required – yes
- Out-of-network benefits – no, except for emergency care

UniCare State Indemnity Plan/Medicare Extension (OME) (Indemnity Plan)

- With CIC (comprehensive) and Without CIC (non-comprehensive) options: **without** CIC, deductibles are higher and coverage is only 80% for some services
- Prescription Drug Benefits (CVS Caremark): 1.877.876.7214; www.caremark.com/gic
- Mental Health/Substance Abuse and EAP Benefits (United Behavioral Health): 1.888.610.9039; www.liveandworkwell.com (access code: 10910)
- PCP and referrals required – no
- Out-of-network benefits – not applicable; the UniCare State Indemnity Plan/Medicare Extension (OME) is available throughout the U.S. and outside of the country.



Mark the Date!

**Annual Enrollment requests are due
Monday, May 10 for changes effective July 1, 2010**

- **Current members:** Write to the GIC requesting the change.
- **Retirees and survivors of new entities and municipalities joining the GIC:** Send completed forms along with required documentation to your benefits office.



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Group Insurance Commission**

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